AMEDD TECHNOLOGY WORKING GROUP (ATWG)
Meeting Minutes
20 July 1999

1. A meeting of the AMEDD Technology Working Group (ATWG) was called to order at 0900 hours, 20 July 1999 by COL Nolan, Chairman in Room 351, Aabel Hall, Army Medical Department Center and School (AMEDDC&S), Fort Sam Houston, Texas.

2. The attendance roster is at Enclosure 1.

3. Opening comments: COL Nolan started the meeting with administrative notes and a discussion of the agenda. He noted that the question of expanding the body was to be discussed and this question was important to MRMC. The roster of attendee was reviewed noting those members present and the substitutes for members. It was noted that substitutes were empowered to act for the members they were representing. A quorum was noted to be present. The minutes of the last meeting were reviewed and accepted as representing the events that occurred.

   It was noted that the Rock Drill was a success.

4. The following topics were presented:

   A. IO Functional Proponency (LTC Hume)

      1) Summary: A formal presentation of this issue was not made by the proponent. COL Nolan facilitated a discussion of IP Functional Proponency. Slides were presented which depicted the triangular relationship descriptive of the "architecture". It was noted that these slides are not all inclusive. There was some question about the presence of a DoD operational architecture. There was also a question about "bottom up" attempts to coordinate with a dysfunctional higher organization. The question was asked, "Who is the Army's operational architect?" The answer was TRADOC. The role of CAPT Tibbits was noted as the HA IT Systems Architect. Comment was also provided that conflicts were apparent in what the Army was describing as IT and what the DoD MHS CIO was describing as their technical architecture. The point was made that Mr. Reardon has money and is using it. The Army is voicing security concerns over systems that are outside of their (Army) approved architecture. The discussion came to the question of who synchronizes the

AMEDD assets? Question of how does the CIO attain coordination of functional issues. The CIO is the focal point for IM operations. Question: “Who does CIO turn to when asked to provide a functional expert to an OSD panel, clinical for example.” Concern that specialty operators do not understand the responsibility to feed back to the IM/IT system. Question: “How do we sort through the roles, responsibility, and relationship of the Master Architect?” Discussion of COL Chang’s role and responsibility followed.

2) Action: None

B. AMEDD IM/IT Requirements Determination Process (Ms. Battey)

1) Summary: This presentation is an update. This is the third time this topic has been briefed. This is “requirement determination.” This is not acquisition. Flow chart depicts both TOE and TDA requirement determination. It was pointed out that the timelines are dramatically different between TOE and TDA. Considerable discussion resolved around the flow chart that was presented. It was also noted that the same funding thresholds do exist in the acquisition process. It was noted that MRMC is acquiring telemedicine without going through the requirement process. Question was asked but not answered concerning telemedicine: “Who builds and POMs the requirements for all the infrastructure support (example - bandwidth) for telemedicine?” Question of authority of the TIGOSC to approve funding for telemedicine. Pointed out that requirements start with a “need” not a widget. Considerable discussion of the funding thresholds and “multi-site” procurement authority and approval authorities. What are the implications of this process on replacement? It was pointed out that this process is for new requirements. Much discussion of not providing “instant gratification” to TDA commanders and the consequence of failing to provide that gratification. Example was discussed of an RMC requirement for voice recognition. In this example it was stated that Center and School would validate the need and then the CIO would deny the acquisition because this requirement is being met in the future by an OSD-HA initiative (MHSS solution). Question was voiced that DCDD does not have the functional proponents necessary to evaluate a clinical requirement and where will they (DCDD) get the needed expertise. A variation of this

process will be presented at the upcoming MEDCOM commanders' conference.

2) Issues:
   a) Cannot implement this new IM/IT TDA/TOE linked requirements determination process (RDP)
      - Short (12) TFM faces/funding
      - Train up time required once faces received
      - DCDD's existing personnel shortages
   b) Anticipate workload?
      - Proposed dollar threshold for work coming to DCDD needs to be reevaluated for impacts
      - No mechanism to identify current workload
      - More personnel resources may be required
   c) Finalize the new implementing regulatory guidance (MEDCOM 25-X)
   d) Finalized revisions to existing guidance (TP 71-9/AR 25-1)
   e) Where is the crosswalk between the CIO and the Logistic responsibility for MEDCASE manage - also the relation of the facilities portion, which is also within the same ASGs area of responsibility?

3) Actions:
   - COL Hendricks will brief this at the MSC Commanders' conference.
   - LTC Hume accepted the request to take issue e) above to the ASG for Sustainment for his guidance.

C. Enterprise Consultancy (LTC Devita)
   1) Summary: This was an information briefing on the upcoming Functional Proponency/Enterprise Consultancy (EC) Conference. The slides presented the purpose and the agenda. There was a discussion of "consultants" and which types of consultants should be invited to the EC Conference. The point was made that this group (ATWG) is not clear on how business is to done. Recommendation that Groups 4 & 6 be used, plus a few others. Recommendation that course be reduced to two days, maybe two longer days.

   2) Issue: Is the proposed Conference agenda correct?

   3) Actions:
      - Request for comments on the proposed agenda to all participants.
      - Conference will be reduced to two days in length.

- Group 4 will determine whom, within their area of responsibility, should be designated to attend ATWG.

D. Rock Drill Issues (COL Maschek)

1) Summary: Rock Drill issues and action plan was covered in the handout. Comments were requested. Previously 27 issues have been presented. There are additional eight (8) issues, which have been proposed. There was considerable discussion of the Issue Resolution Process on page 4 of the presentation. This is on the KMN. The question was asked of how the ATWG is going to sheppard/track all of these issues. Recommendation that the TASM track the issues and report status to the ATWG. Analysis of issues may reveal that there are "root causes" that should be identified as an issue. Lead responsibility for issues can be challenged with a justification and recommendation to the TASM as to where the lead responsibility should be placed. Recommendation was made that new issues be referred to DCDD for recommendation.

2) Issue: Should new items be added to the issues list?

3) Actions: Participants are task to review the Action Plan, the proposed Issue Resolution Process and the eight item proposed to be added to the issue list and provide Email response as to which item should be accepted. TASM was asked to pick and brief 8 to 10 issues at new meeting.

E. IT Funding Prioritization Process (COL Foxhall)

1) Summary: No slides were provided. The presentation provided a description of how priorities are reached in the acquisition process. The PBAC (O&M) prioritizes where to take or where to put funds. Does not look at specific IT investments. Concerning OPM (3 year money), this money is not distributed to field, it is provided to the MEDCOM logistician for action under the MEDCASE program. The MEDCOM reviews the MEDCASE requirements from the field. This is a robust process. Recommends that the proposed IT requirement process be integrated with the MEDCASE management process. It was pointed out that both LOG and the CIO are both under the same ASG. Note related comments above (4.B.2.e.). Question: "What is an example of medical equipment that needs to go through the IM/IT requirement process?" "What about a piece of laboratory equipment that feeds data into CHCS?"

Comment was made that some ad hoc group needs to determine what filter will be put into place to determine what MEDCASE items enter this process. Noted that there is no logistician in the group. Item of RPMA tie to the IM/IT process was discussed. The RPMA prioritization process is not broken in any way, except for lack of funding.

2) Actions:
-- MEDCOM will take to BG Web the recommendation that the ASG that he link the MEDCASE with CIO requirement process to assure appropriate visibility.
-- Desire expressed to have COL Becker present his opinion of the RPMA interface.

F. New Members to ATWG (COL Nolan)
1) Summary: Is there a need to expand ATWG? MRMC has three groups that it desires to have represented.
2) Tasks: MRMC asked to put recommendation in response to the minutes.

G. Schedule for Next TI-GOSC & ATWG (COL Nolan)
1) Summary: Available date is for early October 1, based on currently known availability of GOs.

2) Actions: Participants are asked to provide any topics for TIGOSC consideration via Email.

H. Summary: There will be continued interaction of members across different forums. The next meeting will be announced following the TIGOSC.

I. COL Nolan closed the meeting at 1310 hours.

Enclosure 1 – Attendance Roster

ENCLOSURE ONE

ROSTER

ATWG	**ORGANIZATION**
COL Nolan	AMEDDC&S-ACFI
COL Hassell vice COL Baker	AMEDDC&S-CHES
COL Deffer not present	OTSG
COL Foxhall	MEDCOM-RM
COL Gustafson	MEDCOM-RC
LTC Hume vice COL Hendricks	MEDCOM-IM
COL Lindsay	AMEDDC&S-BOARD
COL Maschek	AMEDDC&S-TASM
Mr Whitcock vice COL Mease	SERMC-CTA
COL Phurrough	MEDCOM-HP&S
MS Battey vice COL Tiernan	AMEDDC&S-DCDD
COL Hendericks not present	OTSG-IM
LTC Scholze not present	AMEDDC&S-ARNG
Dr. Ryczak not present	CHPPM

ATTENDEES	ORGANIZATION
COL Peterson	AMEDDC&S-TASM
COL Semarge	MRMC-IMIT
Ms. Huck	MEDCOM-IM
Mr. Howell	MRMC
Mr. Tom Harrison	Troy Systems

SUPPORT PERSONNEL	ORGANIZATION
Dr. Maxwell	SRA